



TO: Nebraska Healthcare Providers, Laboratories, Emergency Medicine,

Gastroenterology, Infectious Disease, and Public Health

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RE: Multistate Outbreak of *Cyclospora* Infections Linked to Bagged Salad

DATE: <u>June 24, 2020</u>

Since June 9, 2020, Nebraska public health officials have received reports of 17 persons with Cyclosporiasis. Out of 14 persons interviewed as of the date of this report, all reported purchase/consumption of prepackaged salads. Other jurisdictions have fielded similar reports, leading to a joint investigation with CDC, FDA, and regional state and local partners. Current nationwide totals include 122 laboratory-confirmed cases with 19 hospitalizations from 7 Midwestern states*. The investigation points to a multistate outbreak of *Cyclospora* infections that appear to be associated with store brand "Garden Salads" containing iceberg lettuce, red cabbage, and carrots purchased at ALDI, Hy-Vee, and Jewel-Osco grocery stores. On June 20, 2020, Hy-Vee and Jewel-Osco grocery stores recalled their store brand bagged salads with the "Garden Salads" label sold in mid-western states. On June 22, 2020, ALDI recalled 12-ounce bagged "Little Salad Bar Garden Salad."

Background:

Cyclospora illness in the United States is traditionally associated with travel to tropical or subtropical regions where the parasite is endemic. When lab-confirmed cases are reported, public health officials conduct interviews of affected persons about detailed risk exposures including recent travel and events, and fresh produce consumption. For persons lacking recent travel to endemic regions, food exposure to potentially contaminated imported commodities is suspected.

Cyclosporiasis is a gastrointestinal illness caused by the parasite *Cyclospora cayetanensis*. *Cyclospora* is not transmitted directly from person-to-person, but through ingesting contaminated food or water containing infective oocysts. Symptoms begin approximately one week after exposure (range: 2–14 days) and typically include watery diarrhea with frequent and sometimes explosive defecation. Other common symptoms include loss of appetite, weight loss, abdominal cramping/bloating, increased flatus, nausea, and prolonged fatigue. If untreated, symptoms can persist for several weeks to months. Trimethoprim/sulfamethoxazole (TMP/SMX) is the usual therapy for *Cyclospora* infection.

Laboratory Testing:

Cyclospora is identified by examining stool specimens. Molecular diagnostic methods, such as a polymerase chain reaction (PCR) are the most accurate methods with the Gastrointestinal Panel (e.g. BioFire FilmArray) being the most commonly used. Other methods include ova and parasite (O&P) exams (e.g. microscopy, stained smears).

Reporting:

Lab confirmed and probable cases must be reported to NDHHS Epidemiology Department at 402-471-2937, by fax to 402-471-3601 or your respective local health department (LHD). http://dhhs.ne.gov/CHPM%20Maps/LHD-EPISurvelliance.pdf.

Case Definitions:

<u>Confirmed:</u> Case meets clinical description and laboratory confirmation by one of the above testing methods.

<u>Probable:</u> Case meets clinical description and is either epidemiology linked to a confirmed case or has strong epidemiologic evidence of exposure (e.g. consuming implicated fresh produce).

Because both the incubation period and clinical course can be relatively long, the time from when a person is exposed to when their disease is identified and subsequently reported is highly variable and can range as long as 4 to 6 weeks. As such, a number of illnesses related to this outbreak might not yet be diagnosed or reported. Clinicians should consider cyclosporiasis in patients with diarrheal illness with consistent clinical symptoms.

For up to date information regarding the current outbreak, please visit:

*CDC: https://www.cdc.gov/parasites/cyclosporiasis/outbreaks/2020/

FDA: https://www.fda.gov/food/outbreaks-foodborne-illness/outbreak-investigation-cyclospora-bagged-salads-june-2020